

**Charles County Government
Department of Public Works
Environmental Resources Division
Apartment Building and Condominium Recycling Program (ABCR)
Recycling Program Registration Form**

Name of Apartment/Condo. Complex: _____

Address of Complex: _____

Owner Name and Mailing Address: _____

Property Management Company (if applicable): _____

Contact: _____ **Email:** _____

Phone Number: _____ **# of Units in Complex:** _____

New apartment buildings and condominiums have 90 days to complete and return this form. Forms may be emailed to LoweryS@CharlesCountyMD.gov, faxed to 301-932-3579 or mailed to the following address:

**Charles County Government
Environmental Resources Division
Attn: Stephanie Lowery
1001 Radio Station Road
La Plata, MD 20646**

Questions should be directed to the Division Office at 301-932-3599 or to Ms. Stephanie Lowery, Environmental Compliance Officer, at LoweryS@CharlesCountyMD.gov or 301-932-3591.

SECTION 1: RECYCLING MATERIALS

Apartment and Condo complexes must offer collection of the following materials to all dwelling units.

- Plastic bottles, jugs, and wide-mouth containers
- Metal Cans and Beverage Containers
- Glass bottles and jars
- Paper
- Cardboard

Please list any additional materials that will also be collected under your program:

***Failure to register your complex and submit this form with accurate information may result in fines (not to exceed \$50 per day) for each day of noncompliance, per Section 9-1711 of the Environmental Article, Annotated Code of Maryland.**

SECTION 2: RECYCLING COLLECTION

Hauler Name & Phone Number	Destination (If Self-Hauled)	Size of Collection Container*	Number of Collection Containers	Collection Frequency**

*If unsure, your hauler should be able to provide this information.

**Collection Frequency; 1-dumpster x 4 times a month.

The undersigned hereby certifies that the information contained in this report is true and accurate. Records will be made available to the County for verification if requested.

Authorized Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____